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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

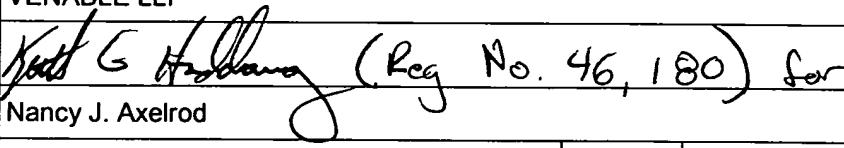
|  |   |                        |                               |
|--|---|------------------------|-------------------------------|
|  |   | Application Number     | 08/983,474 (Patent 7,074,411) |
|  |   | Filing Date            | June 30, 1998                 |
|  |   | First Named Inventor   | David Klatzmann               |
|  |   | Art Unit               | 1646                          |
|  |   | Examiner Name          | Prema Mertz                   |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 31640-134353                  |

### ENCLOSURES (Check all that apply)

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br>to TC<br><input type="checkbox"/> Appeal Communication to Board of<br>Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>Identify below):<br><br><b>Request to Correct Attorney<br/>Docket Number</b><br><br>Remarks |
|---|--|--|

The Attorney Docket No. on PART B – FEE(S) TRANSMITTAL and Notification of Issuance was incorrect. Please correct from 3164[[9]]-134353 to 31640-134353.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | VENABLE LLP  |          |        |
| Signature    |  (Reg. No. 46,180) for |          |        |
| Printed name | Nancy J. Axelrod   |          |        |
| Date         | July 7, 2006   | Reg. No. | 44,014 |



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

**Complete if Known**

|                      |                               |
|----------------------|-------------------------------|
| Application Number   | 08/983,474 (Patent 7,074,411) |
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| First Named Inventor | David Klatzmann               |
| Examiner Name        | Prema Mertz                   |
| Art Unit             | 1646                          |
| Attorney Docket No.  | 31640-134353                  |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments  
 fee(s) under 37 CFR 1.16 and 1.17

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |                |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |                |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |                |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |                |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |                |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |                |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

| Small Entity |          |
|--------------|----------|
| Fee (\$)     | Fee (\$) |

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |               |
|--------------|--------------|----------|---------------|---------------------------|---------------|
| - 20 =       | x            | =        |               | Fee (\$)                  | Fee Paid (\$) |

HP = highest numer of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |  |  |
|---------------|--------------|----------|---------------|--|--|
| - 3 =         | x            | =        |               |  |  |

HP = highest numer of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 39           | - 100 = -0-  | /50 (round up to a whole number) x               | =        | -0-           |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

| SUBMITTED BY      |                         |                 |                                      |              |                          |
|-------------------|-------------------------|-----------------|--------------------------------------|--------------|--------------------------|
| Signature         | <i>Nancy J. Axelrod</i> | Reg. No. 46,180 | Registration No.<br>(Attorney/Agent) | 44,014       | Telephone (202) 344-4000 |
| Name (Print/Type) | Nancy J. Axelrod        |                 | Date                                 | July 7, 2006 |                          |



PATENT  
Attorney Docket No.31640-134353

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re PATENT APPLICATION OF ) Group Art Unit: 1646  
Applicants: David KLATZMANN, et al. ) Examiner: Prema MERTZ  
Application No.: 08/983,474 ) Attorney Docket No.: 31640-134353  
Patent No.: 7,074,411 )  
Allowed: February 22, 2006 ) Customer No.  
Filed: June 30, 1998 )  
For: **α-β C4BP-TYPE RECOMBANANT  
HETEROMULTIMERIC PROTEINS** )  
26694  
PATENT TRADEMARK OFFICE

**REQUEST TO CORRECT ATTORNEY DOCKET NUMBER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**ATTENTION: MAIL STOP AF**

Sir:

The Part B – Fee(s) Transmittal form of the Notice of Allowance dated Feb. 22, 2006 and the Issue of Notification dated June 21, 2006 both contained an error in the attorney docket number. Please correct the attorney docket number in the PTO records for this application/patent from 3164[[9]]-134353 to 31640-134353. We requested this correction on the transmittal letter when we paid the issue fee on May 19, 2006.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 22-0261, under Order No. 31640-134353.

Respectfully submitted,

Date: July 7, 2006

*Sov*

*Kathleen Axelrod (Reg. No. 46,180)*  
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Registration No. 44,014  
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Washington, D.C. 20043-9998  
Telephone: (202) 344-4000  
Telefax: (202) 344-8300